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Recommendation for funding for a short-duration country programme**

Afghanistan***

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Afghanistan with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $27,260,000 from regular resources, subject to the availability of funds, and $105,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2005.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

*** Document submission was delayed to enable further consultations.

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Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	10.9
U5MR (per 1,000 live births)	257
IMR (per 1,000 live births)	165
Underweight (% moderate and severe) (1997)	48[a]
Maternal mortality ratio (per 100,000 live births)	..
Literacy (% male/female)	51/21
Primary school attendance (% net, male/female) (1997)	36/11
Primary schoolchildren reaching grade 5 (%) (1999)	49
Use of improved drinking water sources (%)	13
Routine EPI vaccines financed by Government (%)	0
Adult HIV prevalence rate (%) (1999)	<0.01[b]
GNI per capita (US$)	.. [c]
One-year-olds fully immunized against (1999):	
Tuberculosis	48 per cent
Diphtheria pertussis tetanus	35 per cent
Measles	40 per cent
Poliomyelitis	35 per cent
Pregnant women immunized against tetanus	..

[a] Aged 6-35 months.

[b] Not enough data were available to produce an estimate of HIV prevalence for end-1999. Instead, for each of the estimates, the 1994 prevalence estimate published by the World Health Organization (WHO) Global Programme on AIDS was applied to the country's 1999 adult population to produce the estimate.

[c] Estimated to be low income ($755 or less).

The situation of children and women

1. More Afghans have known their country at war than those who have seen it at peace. Over one million people, most of them children and women, remain displaced by conflict and drought. Of a total of 4 million refugees, mostly in Pakistan and the Islamic Republic of Iran, around 2 million are expected to return by the end of 2002. With 50 per cent of the population under the age of 18 years, the conflict has left a long-term impact on both the mental and physical well-being of children. The structure of the relatively young population has implications for the ability of the Government to deliver services, and calls for an urgent need to invest in children. Reliable national data on child indicators in Afghanistan are equally a casualty of the conflict and the collapse of national institutions. Extrapolation of data obtained through UNICEF Multiple Indicator Cluster Surveys (MICS) conducted in eight provinces in 2000 (MICS 2000), and from several studies and assessments conducted in 2002, would help to formulate the basic assumptions on the situation of children and women in Afghanistan.

2. Infant and under-five mortality rates are very high at 165 and 257 per 1,000 live births, respectively. An April 2002 survey in the Maslakh camp for internally displaced persons (IDPs) in western Afghanistan indicates that deaths of children under five years of age are due primarily to respiratory infections (acute respiratory infections (ARI), 30 per cent), diarrhoea (22 per cent) and malaria (14 per cent). Measles, neonatal tetanus and scurvy also contribute to under-five mortality owing to low access, quality and utilization of health services. MICS 2000 estimates diarrhoea prevalence in children under five years of age in eastern Afghanistan at around 50 per cent, with a child suffering up to 13 episodes each year. The Maslakh IDP camp survey and another one conducted in Baghdis Province in March 2002 gave similar prevalence rates for diarrhoea and also showed prevalence rates for ARI of 50 and 34 per cent, respectively.

3. Polio eradication is showing success. The number of acute flaccid paralysis and confirmed polio cases are declining steadily, with only three cases of polio reported to date in 2002. However, routine immunization coverage is low. According to the MICS 2000, 72 per cent of 12- to 23-month-old children in the south-eastern region and 61 per cent in the eastern region did not receive three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine. Recent government data on DPT3 and measles for children under one year of age showed that 56 and 54 per cent, respectively, were not immunized, with ranges from 16 and 21 per cent, respectively, in the eastern region, to 84 and 75 per cent, respectively, in the north-eastern region. It is estimated that measles kills 35,000 children annually.

4. The maternal mortality ratio is estimated at 1,700 per 100,000 live births. Close to 40 per cent of maternal deaths are due to haemorrhage. In a study of 356 deaths of women of reproductive age, 139 (42 per cent) were related to pregnancy and childbirth. Three quarters of the infants born alive to these 139 women died. According to MICS 2000, in eastern Afghanistan, some 54 per cent of pregnant women do not receive prenatal care, 44 per cent are not protected against tetanus and 88 per cent of deliveries are not attended by skilled personnel. The situation is compounded by a lack of access to emergency obstetric care and to women's poor health status. In MICS 2000, 55 per cent of pregnant women in the south-eastern region and 91 per cent in the eastern region are anaemic. The respective percentages for non-pregnant women in the two regions are 83 and 95.

5. Household food security has been undermined by conflict, drought, and the breakdown of economic infrastructure and of local coping mechanisms. A food security study supported by the United States Agency for International Development (USAID) and UNICEF, revealed that diet security has declined from 59 to 9 per cent between 1999 and 2002. This is compounded by child illnesses, inadequate hygiene and poor feeding practices, and reflected in the nutritional status of children and women. While 7 per cent of children under five years of age in Baghdis have acute malnutrition, 58 per cent have chronic malnutrition (67 per cent in Maslakh). In both studies, the 12- to 23-month-old children showed much higher rates of acute malnutrition (13 per cent in Maslakh and 16 per cent in Baghdis).

6. Micronutrient deficiencies, including iron and iodine, are still common. In the Baghdis and Maslakh surveys, the prevalence of vitamins A, C, D and riboflavin deficiencies among children less than five years of age ranged from 3 to 9 per cent. About 12 per cent of women show visible goitre, indicating iodine deficiency. Some 98 per cent of the households in Baghdis do not use iodized salt.

7. Approximately 65 per cent of the population in urban areas and 81 per cent in rural areas do not have access to safe water, with considerable regional disparities. According to MICS 2000, 74 per cent of the population in the central region and 43 per cent in the eastern region have no access to clean water. With the current severe drought, destruction of traditional water sources and depletion of existing sources, people would use contaminated water. The low access to sanitation facilities (23 per cent in urban areas and 8 per cent in rural areas), poor hygiene practices and inadequate health care will only worsen their already precarious health status. Water shortage will also lead to population movement.

8. The conflict and policies during the Taliban era have resulted in almost total destruction of the education system in Afghanistan. Very little reliable information is available on the current status in terms of enrolment in schools, infrastructure and qualified staff. The UNICEF-supported back-to-school campaign managed to return over 3 million children to school in March 2002, twice the number estimated at the planning stage. The campaign also showed that only 30 per cent of teachers and of returning students were female. UNICEF is currently assisting the Government with a major survey of "learning spaces" (basic, intermediate and high schools) in Afghanistan. Preliminary results are available for 18 provinces and Kabul out of 32 provinces. The results point to major disparities both between and within geographical areas. Out of the 2,003 "learning spaces" assessed in the 18 provinces, 746 are non-formal (37 per cent) indicating a high commitment of parents to have their children educated. Overall, 44 and 82 per cent of the schools already assessed in the 18 provinces have no water or sanitation facilities, respectively. The range for water is 29 to 65 per cent, and 77 to 92 per cent for the lack of sanitation facilities. Of the 1,243,785 pupils in the already assessed schools, only 29 per cent are girls (range of 2 to 38 per cent); and out of the 14,624 teachers, only 13 per cent are women (range of 2 to 38 per cent). In Uruzgan province, there are no female teachers. In contrast, in Kabul, girls constitute 45 per cent of the 500,000 students, and 65 per cent of the teachers are women.

9. Already overburdened social systems are further strained by the large number of displaced persons and returnees. Physical devastation and mine/unexploded ordance (UXO) contamination pose many dangers as families are establishing squatter settlements in sub-standard conditions, and children and their communities are at risk of becoming victims of mine/UXO accidents such as an estimated 400,000 to date. Child protection assessments have found that household coping mechanisms brought on by increased economic vulnerability place children at a particularly high risk as many join the fighting forces in search of income, or as destitute parents send their children to the streets or factories to work or place them in orphanages in the hope that they will be cared for. There is evidence that girls are given away for marriage at a much younger age than customary. In addition to lacking access to basic health and education services, children have to cope with psychosocial distress as a result of loss of family and friends, experience of violence, increased family poverty, changes in status and lack of positive options. Discrimination against girls, and minority and returnee children are of particular concern.

10. Women and girls have endured extreme mental, social and economic hardships as a result of severe restrictions imposed by the Taliban on their participation in public life, barring them from access to education and employment. Violence against women and girls, mostly unreported, continue at an alarming rate. About 96 per cent

of Afghan women are illiterate. Recent changes in the political situation are favourable for efforts to persuade national and local authorities to honour provisions of the Conventions on the Rights of the Child and on the Eradication of All Forms of Discrimination against Women; and to apply policies to increase access to employment opportunities, education and other basic social services.

Programme cooperation, 2000-2002

11. Despite the considerable challenges, the programme had significant achievements in immunization, water and sanitation, education and emergency response. Over 5 million children under five years of age were vaccinated against polio and given vitamin A supplementation in a succession of National Immunization Days in 2001 and 2002. Six million children were vaccinated against measles.

12. UNICEF supported supplementary and therapeutic feeding programmes for more than 300,000 children. Standardized methodologies were developed in surveys on nutrition and mortality. UNICEF, in collaboration with USAID, supported a household food security study, the results of which raise serious concerns about household food security in drought-affected areas and have major implications for future work.

13. Close to 2 million people were provided access to clean water and 1.2 million to sanitation facilities primarily in IDP camps and drought-affected villages. Around 350 village mechanics were trained to maintain handpumps. Hygiene education has accompanied water and sanitation interventions.

14. UNICEF supported the community and home-based schools for boys and girls as an effective strategy under the Taliban regime. Over 130,000 children (40 per cent girls) attended these schools. The back-to-school campaign succeeded in getting 3.2 million children back to school in 2002 through the provision of school, teacher and student supplies; teacher orientation; and technical and financial support to the Ministry of Education. While the campaign proved the ability of UNICEF to mount a major logistical and programme operation within a very short timeframe, the challenge is to maintain the momentum to ensure continued education for children. UNICEF has been designated as Programme Secretariat for education and vocational training to lead the reconstruction of the education system in Afghanistan.

15. UNICEF provided assistance in health and nutrition, water and sanitation, and education/recreation to refugees and host communities in Pakistan and the Islamic Republic of Iran, as well as to IDPs. In the last three years, UNICEF responded with emergency medical supplies, essential drugs, winter clothing, shelter and survival items to victims of earthquake and other natural man-made disasters.

16. Within a few weeks of 11 September, some 80 airlifts and 200 convoys brought UNICEF emergency supplies to Afghanistan. As part of the winterization interventions, UNICEF provided over 800,000 children with blankets, some 730,000 children with winter clothing, and another 500,000 children with socks and boots.

Lessons learned from past cooperation

17. The physical presence and continuity of the programme in Afghanistan before 11 September 2001, and the experience gained operating during the Taliban regime, provided UNICEF with the basis and the capacity to rapidly scale up operations afterwards. Such experience includes building strong relationships with the technical staff in counterpart ministries and cooperation with the subnational authorities and community-based organizations (CBOs).

18. Insecurity and poor access to many parts of the country in 2000 and 2001 made proper vulnerability assessment and analysis difficult. Given the repressive political regime, assessment, analysis and programming particularly on sensitive (child protection/human rights) issues were limited to basic advocacy efforts. The lack of reliable disaggregated data on child indicators made the planning process difficult. The establishment of the Transitional Government in June 2002 and the concomitant relative stability should make such analysis and building of a national information base possible to enhance programmatic and geographical focus.

19. The success of the community-based water and environmental sanitation (WES) interventions and of the community-/home-based schools point to the commitment and potential ability of communities to participate in their own development. Given the limited government resources, and consistent with the recommendation of the mid-term review (MTR), this potential needs to be tapped through integrated, community-based programmes that emphasize building the necessary capacities in the community to plan and manage interventions.

20. The country programme was disrupted repeatedly by a succession of acute natural and man-made disasters that demanded reallocation of resources. UNICEF needs to update and operationalize its emergency preparedness plan and build emergency preparedness and response capacity within the Government and other partners.

21. The political situation did not allow UNICEF to make effective use of programme communication to advocate for and raise public awareness of human rights. The easing situation provides an opportunity to reverse this constraint.

22. Considering the humanitarian situation in Afghanistan, the country programme had a large component of service delivery, which will continue in the new country programme. However, it is essential that emphasis be given to strengthen the capacity of the Government at all levels, and to support it to adopt appropriate policies and systems.

Recommended programme cooperation, 2003-2005

	Estimated annual expenditure[a] (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Regular resources				
Basic education	2 275	2 280	2 280	6 835
Health and nutrition	1 896	1 900	1 900	5 696
Water, sanitation and hygiene promotion	1 612	1 615	1 615	4 842
Child protection	1 341	1 344	1 344	4 029
Planning, research, monitoring and evaluation	948	855	855	2 658
Cross-sectoral costs	1 000	1 100	1 100	3 200
Subtotal	**9 072**	**9 094**	**9 094**	**27 260**
Other resources				
Basic education	11 400	13 300	15 200	39 900
Health and nutrition	11 400	13 300	15 200	39 900
Water, sanitation and hygiene promotion	3 300	3 800	4 400	11 500
Child protection	2 400	2 900	3 200	8 500
Planning, research, monitoring and evaluation	1 500	1 700	2 000	5 200
Subtotal	**30 000**	**35 000**	**40 000**	**105 000**
Total	**39 072**	**44 094**	**49 094**	**132 260**

[a] Additional funding is expected through the Immediate and Transitional Assistance Programme (ITAP). The Field Operations Section, responsible for supervision of sub-offices, will be funded through ITAP.

Country programme preparation process

23. The new country programme is a result of consultations with the Interim Authority and the Transitional Government, other United Nations agencies, and national and international partner non-governmental organizations (NGOs). UNICEF and line ministries developed the sectoral strategies. Likewise, the master plan of operations and programme plans of operation will be developed with the concerned line ministries.

24. The processes for the preparation of the Common Country Assessment and United Nations Development Assistance Framework have not yet started. UNICEF participated in the Preliminary Needs Assessment for Recovery and Reconstruction in December 2001 led by the World Bank, the Asian Development Bank (AsDB) and the United Nations Development Programme, and subsequently in the February-March 2002 joint donor missions in health, education, WES, governance and community participation coordinated by the World Bank and AsDB. The findings of these exercises fed into the preparation process.

Country programme goals and objectives

25. The overall goal of the new country programme is to assist the Government in its obligation towards the progressive realization of the rights of children to survival, development, protection and participation, as set out under the Convention on the Rights of the Child. Specifically, the programme will aim to eradicate polio; immunize 6 million children against measles; achieve and sustain 80 per cent coverage for the six major antigens; improve prenatal, natal and post-natal care coverage; and immunize women of childbearing age against tetanus. It will aim to provide 3 million children with access to high quality education, especially for girls and hard-to-reach children, and will provide clean water and sanitation facilities for around 2 million people. It will support the reform of the juvenile justice system, the demobilization and reintegration of child soldiers, and the adoption of appropriate policies for the children and youth in need of special protection measures. The programme will contribute to the reduction of gender and regional disparities as well as of poverty, and to the establishment of a base for the sustainable transition of the country from emergency to recovery and development phases. To attain these goals, the programme will need to be sufficiently focused, but flexible enough to take into consideration the dynamic situation in Afghanistan.

Relation to national and international priorities

26. The programme supports the national priorities for children and women outlined in the Government's National Development Framework (NDF) and builds on the government's commitment to prioritize social services, particularly basic education. It also responds to NDF requirements of adding value to development and building national capacities linked to exit strategies.

27. The programme is based on the analysis of the situation of the children and women of Afghanistan and the recommendations of the 2001 MTR. It reflects the UNICEF mandate and organizational priorities set out in the medium-term strategic plan (MTSP) for 2002-2005, with an emphasis on girl's education, immunization and child protection. It will work with counterparts and partners to analyse the causes of low girl enrolment and develop appropriate actions to improve it. Improvement of the school environment and development of appropriate safety and protection measures for girls will be addressed. The programme will ensure that all children are immunized against polio and measles and women against tetanus, while strengthening routine immunization. It will support the Government to set up comprehensive child protection policies and systems. Elements of early childhood development will include building parental and community capacity to provide early childhood care, education and nutrition and support to women's literacy.

28. The programme is designed to dovetail with the United Nations Assistance Mission in Afghanistan/ ITAP developed annually in place of the Consolidated Appeal Process to raise funds for the programmes of UNICEF and other humanitarian actors. UNICEF elements of ITAP will match those of the MTSP.

29. The programme will also be in line with the current strategies of the World Bank and major donors for Afghanistan with regard to disparity and poverty reduction through improving access to basic social services.

Programme strategy

30. Child rights will form the normative framework for all interventions, each of which will provide a base for protecting these rights. Examples include the development of vulnerability maps and the selection of the most vulnerable communities and difficult to reach children and women for assistance.

31. The programme will support key national programmes and the development of policies that can bring about sustainable improvements to the lives of children and women, such as access to education, polio eradication and the elimination of micronutrient deficiencies. This will be carried out through supply inputs, capacity-building and advocacy. Public education and programme communication, especially through the developing radio and television services, will also play a key role. Response to acute emergencies and support to IDPs and returning refugees will also be national.

32. Regular resources will be used largely to support capacity-building, research, and policy and systems development, which will form a core intervention of all programmes. Other resources will remain critical to achieving results of the country programme and will be used largely for the service delivery component, for which ITAP will also be critical.

33. Field interventions and community-based initiatives will focus on the most vulnerable areas. These will be flexibly defined between the sectoral programmes and their respective government counterparts based on agreed indicators. Such interventions will aim to build capacities at subnational levels; involve local authorities and civil society in planning and implementation; and maximize community participation in planning, managing and monitoring the interventions. Examples include the operation, maintenance and management of water sources, and school management.

34. Gender will be mainstreamed within all programmes beyond awareness-raising. As examples, the education programme will work actively for increasing the enrolment of girls and the recruitment of women teachers, and WES will ensure the participation of women in the operation and maintenance of water and in sanitation and hygiene education.

35. Progress will be incremental, but there is an urgency to increase its pace while ensuring sustainability of activities. While meeting the immediate needs of children through service delivery, each programme will build national capacity, including that of the private sector, so that the Government, private sector and civil society can eventually take over specific programmes and activities, allowing UNICEF support to be shifted to other areas. The local printing of textbooks, the provision of educational materials, and the manufacture of handpumps and spare parts are examples that can be realized in a relatively short time frame.

36. Each programme will develop a high degree of emergency preparedness and rapid response through maintaining plans and pre-stocking essential supplies. National and subnational institutions will be assisted to build similar capacity. Donor contributions for emergency situations and those raised through ITAP will be allocated within a consolidated country programme.

37. **Basic education**. This programme will contribute to improving access to and retention in quality basic education and to enacting policies and establishing systems

to enhance the education process. The programme will collaborate with the Ministry of Education, the United Nations Educational, Scientific and Cultural Organization, other United Nations agencies, the World Bank, AsDB and NGOs in three projects. The access to education project will focus on primary school education, with minimal support to higher grade schooling. The project aims to provide physical access to schools for at least 3 million children and will support efforts to encourage families to send their children to school. Special attention will be given to fulfilling the right to education of IDPs, girls and other hard-to-reach children. In addition to the provision of supplies, the project will support the selective rehabilitation and provision of water and sanitation facilities to schools. The child protection programme interventions for women will be assisted with literacy and life skills packages, with an integrated early childhood education (ECE) programme.

38. The quality of education project will concentrate on improving the quality of the classroom environment and of the learning process, thereby ensuring higher retention levels. The project will support teacher orientation on new learning materials and principles of quality education; the development of guidelines for teacher certification and registration; the development of a national curriculum framework; the review and production of materials/textbooks; upgrading the skills of teachers; and implementing accelerated learning classes. Through the development of the curriculum framework, key life skills issues will be introduced, such as mine awareness, tolerance-building, HIV and health education.

39. The education policy and systems development project will assist the Ministry of Education to develop policies and systems essential for efficient operation of the education process through technical assistance, training and supplies. The project will support the adoption of policies and standards and/or establish systems for teacher training, curriculum development, the Education Management Information System, ECE, literacy and school environment. It will also support the development of strategies for inclusion and sustainability of home-based schools and effective community participation.

40. **Health and nutrition**. This programme will contribute to decreasing child and maternal morbidity, mortality and malnutrition through four projects, with a priority to the most vulnerable children and women. The expanded programme on immunization (EPI) project will aim to eradicate polio, achieve and sustain 80 per cent coverage for the six major antigens, and immunize women of childbearing age against tetanus. The project will adopt a combination of campaigns for measles and polio, and improving the quality and coverage of routine EPI. Collaboration will be strengthened with partners such as the United States Centers for Disease Control and Prevention (CDC), the Global Alliance for Vaccines and Immunization (GAVI), WHO, Rotary and Polio Plus.

41. In coordination with the United Nations Population Fund (UNFPA), the maternal and child health project will support the expansion of emergency obstetric care services by supporting curriculum and clinical skills development within a national training programme for midwives and auxiliary midwives. It will also provide drugs, supplies and technical assistance. One centre of excellence will be established in each region to provide comprehensive emergency obstetric care services and to expand such service to rural areas. Standards for newborn care will be developed and disseminated. Interventions will be conducted to address delays in the utilization of maternal health services. The project will support community-

based interventions such as antenatal, natal and post-natal care, micronutrient supplementation and malaria prevention. It will initiate Integrated Management of Childhood Illness activities, pilot school health projects, and maintain response capacity to acute emergencies and disease outbreaks.

42. The nutrition project will have nationwide coverage and focus on reducing the prevalence of key micronutrient deficiency diseases, particularly those related to vitamin A, iron and iodine. It will also establish health and nutrition communication strategies and community-based interventions to improve breastfeeding and complimentary feeding practices. Ten baby-friendly hospitals will be supported. Both interventions will have formative research components. The project will support emergency nutrition response through selective feeding interventions and respond to acute micronutrient deficiency disease outbreaks. Vitamin A will be distributed in conjunction with polio vaccination and to post-natal women. The project will also support nutritional surveys and the standardization of survey/surveillance methodology, and contribute to school feeding programmes.

43. The health research, policy and systems development project will build the capacity of the Ministry of Public Health to establish national policies and standards on EPI, safe motherhood and nutrition. Through seconded advisers, the Ministry will link with international public health and academic institutions, such as Columbia University (United States) in the averting maternal death and disability project and Johns Hopkins Programme for International Education in Gynecology and Obstetrics, that can support policy development and training programmes. The research interventions will collect essential data on nutrition, maternal morbidity and mortality, HIV/AIDS and landmine injuries. It will also support community-based surveillance of nutrition and food security, and vaccine-preventable diseases.

44. **Water, sanitation and hygiene promotion**. This programme will contribute to increasing access to safe water, sanitary means of excreta disposal and hygienic practices, and will consist of three projects. The safe drinking water project and the sanitation and hygiene education project will assist in providing 1.9 million people in the drought-affected and difficult to reach areas and IDPs with safe drinking water and sanitary means of excreta disposal. The two projects will also coordinate with the education programme to provide around 2,200 schools with water and sanitation facilities, with a focus on girls' schools. The water project will promote appropriate technology water supply systems. The selection and training of community committees will emphasize gender equality and the participation of youth and women in maintenance and management. The two projects will provide water and sanitation to communities affected by acute emergencies. Both projects will cooperate with the Ministries of Irrigation, Water Resources and Environment, and Rural Rehabilitation and Development, and national and international NGOs operating in the sector.

45. Hygiene education will form a main thrust of the sanitation and hygiene education project. This will be effected through community organizations, youth and women's groups, and the schools. The project will also build demonstration latrines to encourage replication by community groups, local authorities and households.

46. The water and sanitation policy and systems development project will strengthen the capacity of the Government and other partners to develop and adopt mechanisms to plan, manage, improve and sustain WES interventions. The project will support the establishment of an intersectoral steering committee and assist it to

develop relevant standards and regulations and to set up a management information system. It will also support the committee to undertake research to improve cost-effectiveness, such as surface water treatment, human waste management and water resource management. A uniform WES implementation policy will be promoted among implementing bodies emphasizing community participation in planning, funding, operation and management, and particularly that of women in promoting hygiene education and latrine use.

47. **Child protection**. This programme will contribute to the improved protection of children from violence, abuse, exploitation and discrimination through four projects. The child soldier and war-affected young people project will support the protection and reintegration of young people, especially child soldiers, adolescent girls and female heads of households. Support for child soldier demobilization will be backed by advocacy to prevent the recruitment of minors. The project will support integrated training, psychosocial, family tracing, and reunification and reintegration programmes through government and NGO partners. Special emphasis will be on raising awareness about HIV/AIDS and drug abuse through life skills and peer education, in collaboration with the health and education programmes. Human rights, peace and conflict resolution training will be provided to strengthen the role of youth in community-based peace-building.

48. The mine awareness project will sensitize local communities, particularly schoolchildren and returning populations, to the dangers of mines/UXO and assist them in adopting safe behaviours. The project will develop the mine/UXO awareness training and monitoring and evaluation capacity of the mine action authorities and NGO partners. Advocacy for the inclusion of mine awareness in the school and health education curricula will include technical support to curriculum and learning material development. Mine victim surveillance, data collection and database will be improved to facilitate victim assistance.

49. The psychosocial support project will improve the capacity of professionals working with children in addressing psychosocial distress and strengthening existing coping mechanisms. The development of culturally appropriate guidelines and training materials, and the training of trainers will improve psychosocial interventions across all child protection programmes. It will also facilitate mainstreaming of psychosocial understanding and support capacity in the early childhood, social services and social affairs sectors. The project will work with government and international academic institutions to develop a university curriculum on social/psychosocial work.

50. The child protection research, policy and system development project will provide technical assistance to government counterparts and partners to review and update the juvenile justice system and relevant sections in the criminal code. It will also develop national capacity in addressing juvenile delinquency. Support will be provided for the revision of Afghanistan's constitution and laws to ensure their conformity with international human rights norms. Research on sexual abuse and exploitation of children, early and forced marriage, and child labour will be supported, as will the establishment of a birth registration system and services for children deprived of parental care. Support to the Human Rights Commission will ensure monitoring and reporting on compliance with the Convention on the Rights of the Child and other international human rights standards. Child rights materials

will be developed and training conducted for peacekeeping troops, police, military, central and municipal officials, communities and families.

51. **Planning, research, monitoring and evaluation**. Through the situation assessment and systems development project, this programme will contribute to the availability of updated and disaggregated data on key children's and women's indicators, and present them in the form of a database and a continuously updated situation analysis. It will also produce updated vulnerability maps to refine the country programme's geographical and programmatic focus and provide inputs for programme development and advocacy. It will aim to strengthen management and use of the information. The project will support field research, studies and evaluations to collect data on key indicators to assess the situation of children and women. The project will partner government, academic and research institutions, United Nations agencies and the Afghanistan Information Management Service as the national database.

52. **Cross-sectoral costs** will cover the cost of programme and operational staff common across the country programme, such as the senior programme officer, and information technology, communications, supply, logistics and administration staff. The field operations section will be funded through the ITAP process.

Monitoring and evaluation

53. The Integrated Monitoring, Evaluation and Research Plan and the programme/project logical frameworks will be the principal tools for effective planning, monitoring and evaluation of the country programme. Emphasis will be placed on the MTSP priorities and the Millennium Development Goals. The programme will support a number of evaluations including, in 2003, the back-to-school and measles campaigns, and in 2004, girls' education. Joint evaluations of the delivery of humanitarian assistance with government counterparts and major partners will also be supported. Annual reviews and an MTR in 2004 will be conducted. Youth and community participation will be promoted, including end-user and community monitoring.

Collaboration with partners

54. Existing partnerships with bilateral and multilateral agencies will be strengthened. Bilateral partners that are expected to assist in raising other resources include: the Governments of Belgium, Canada, Denmark, Finland, Italy, Japan, the Netherlands, Sweden, the United Kingdom and the United States (USAID; The Office of United States Foreign Disaster Assistance; Bureau of Population, Refugees and Migration; CDC). Links with National Committees for UNICEF, especially those of Canada, France, Germany, Japan, the United Kingdom and the United States will be strengthened through periodic consultations and joint field visits. Support is also expected from GAVI and the United Nations Foundation.

55. In advocacy and human rights promotion, UNICEF will work closely with the Human Rights Commission. Partnerships already established with NGOs (e.g. Save the Children Alliance, *Médecins sans frontières* (Doctors without Borders), International Organization for Migration, *Action contre la faim* (Action against Hunger), Mine Education Training Agency) and CBOs (e.g. Afghan Women's

Network, Organization for Mine Clearance and Afghan Rehabilitation), and collaboration with multilateral agencies (especially UNFPA, WHO, the Food and Agriculture Organization of the United Nations, the World Food Programme, the World Bank), will be strengthened further. UNICEF will also expand its collaboration with National Committees for UNICEF, Goodwill Ambassadors and international child rights advocates.

Programme management

56. The counterpart ministry to UNICEF (to be named by the Government of Afghanistan) is responsible for overall programme coordination. Responsibility for programme management rests with the heads of government ministries. Project execution will be through sectoral regional authorities and, where appropriate, NGOs. Heads of government units, in collaboration with UNICEF, will have direct responsibility for planning, implementing and monitoring project activities. The counterpart ministry to UNICEF (to be named by the Government of Afghanistan) will facilitate coordination between the various implementing partners, will lead the annual planning and programme review processes, and will coordinate the MTR and major research activities. Within UNICEF, appropriate mechanisms for coordination and management will be set up to optimize the mainstreaming of cross-cutting strategies in the sectoral programmes, and to ensure the timely availability of essential information for decision-making. Annual project plans of action will be prepared and reviewed twice yearly. Emergency contingency plans will also be updated yearly.

57. The Government, in consultation with the United Nations, classified the 12 NDF programmes into groups, and for each a "programme secretariat" was appointed to support and help the Government manage and coordinate the programme, provide technical support and build national capacity. UNICEF is the Programme Secretariat for education and vocational training, and heads the EPI, nutrition and safe motherhood sub-sectors in the health programme secretariat led by WHO.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : AFGHANISTAN
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH & NUTRITION	5,696,000		5,696,000	0	0	1	0	2	0	3	9	1	13	1,962,141	822,592	2,784,733
BASIC EDUCATION	6,835,000		6,835,000	0	0	1	1	0	0	2	4	3	9	1,484,966	437,693	1,922,659
CHILD PROTECTION	4,029,000		4,029,000	0	0	1	0	0	0	1	1	2	4	773,013	137,727	910,740
CROSS SECTORAL COSTS	3,200,000		3,200,000	0	0	1	2	0	0	3	2	14	19	2,196,919	964,353	3,161,272
WATER, SANITATION & HYGIENE PR	4,842,000		4,842,000	0	0	1	1	0	0	2	0	3	5	1,484,966	103,450	1,588,416
PLANNING, RESEARCH, MONITORING	2,658,000		2,658,000	0	0	1	0	0	0	1	1	0	2	773,013	76,789	849,802
TOTAL RR	27,260,000		27,260,000	0	0	6	4	2	0	12	17	43	72	8,675,018	2,542,804	11,217,822
OTHER RESOURCES :																
HEALTH & NUTRITION		39,900,000	39,900,000	0	0	0	0	0	0	0	5	0	5	0	423,275	423,275
BASIC EDUCATION		39,900,000	39,900,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		8,500,000	8,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION & HYGIENE PR		11,500,000	11,500,000	0	0	0	0	0	0	0	1	1	2	0	109,955	109,955
PLANNING, RESEARCH, MONITORING		5,200,000	5,200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		105,000,000	105,000,000	0	0	0	0	0	0	0	6	1	7	0	533,230	533,230
TOTAL RR & OR	27,260,000	105,000,000	132,260,000	0	0	6	4	2	0	12	23	44	79	8,675,018	3,076,034	11,751,052
SUPPORT BUDGET	Operating costs Staffing		997,795	0	1	1	1	0	0	3	3	10	16	2,362,788	1,177,273	3,540,061
GRAND TOTAL (RR + OR + SB)				0	1	7	5	2	0	15	26	54	95	11,037,806	4,253,307	15,291,113
	Number of posts and staff costs															
	Current programme cycle									30	33	75	138			
	At the end of proposed programme cycle (indicative only)									15	26	54	95	11,037,806	4,253,307	15,291,113

RR - regular resources
OR - other resources
IP - International Professional
NP - national Professional
GS - General Service
SB - support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Excludes temporary assistance and overtime